



## FINANCIAL AID OFFICE

2500 S. Main, Hope, AR 71802 | (870) 722-8264 | Fax: (870) 722-8145 | www.uaht.edu

### 2025-2026 Special Circumstances

Student Name: \_\_\_\_\_

UAHT Student ID: \_\_\_\_\_

The Financial Aid Office has the authority to make professional judgment allowances to **federal aid eligibility** regarding students who have special circumstances that could affect their ability to pay for their education. If you feel you meet any of these categories, please complete the following, attach all supporting documentation, and return to Financial Aid Office, UAHT P.O. Box 140, Hope, AR 71802-0140 (or fax (870) 722-8145).

1. **Income Reduction (loss of Job or Benefits).** Documentation Required of changes from 2025-26 FAFSA.
2. **Medical/Dental Expenses Not Covered by Insurance.** Documentation Required: Schedule of a tax return or receipts of all medical and dental payments not covered by insurance.
3. **Separation/Divorce or Death of Family Member.** Documentation Required: Separation statement or divorce papers, death certificate or notice.
4. **Student marital status change after FAFSA filed.** Documentation Required: Marriage license. Income documentation for student and spouse for 2025/26.
5. **Other:** (Private HS school tuition charges, cost-of-living adjustments if reside out of the US, elder care expenses, etc.)

\* Briefly explain what your circumstance is and the reason(s) why you are requesting special consideration. Please provide details on any income changes from one year to the next.

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\* Please provide an income estimate for the period January 1, 2024, to December 31, 2024.

	Student	Spouse/Parent(s)		Student	Spouse/Parent(s)
Work Wages	\$ _____	\$ _____	Social Security	\$ _____	\$ _____
AFDC	\$ _____	\$ _____	Child Support Received	\$ _____	\$ _____
Veteran Benefits	\$ _____	\$ _____	Housing/Food Allowance	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	Other Untaxed Income	\$ _____	\$ _____
ESTIMATED TOTAL INCOME FOR 2024.....				\$ _____	\$ _____

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign in ink. Electronic signatures will not be accepted.